Abstract

**Background:** This abstract is a report of a qualitative study, in which the disease perception of the first generation of Moroccan immigrants with chronic obstructive pulmonary disease is the prime subject. The purpose of this research project was to develop insight into the role of culture and background in relation to disease perception and the possible relation between disease perception and Health Behaviour.

**Methodology:** A qualitative research project with a micro-ethnographic approach was chosen. To show the perspective of the respondents to its full advantage, in-depth interviews have been used. The respondents who participated were eight Moroccan men, who came to The Netherlands in the late 1960s and early 1970s to work here. They left their families behind in their home country.

**Results:** It was found that Moroccan males usually reason from their own health perspective when they speak about being ill. Health, for the Moroccan men, means the presence of the following positive factors: sleeping well, having enough energy, feeling strong and being able to work. They would rather talk about health than about disease.

The research results also reveal that the way that these Moroccan men undergo their sickness is based upon their past experience and their feeling. This can be a physical or mental feeling but often goes together. They know their own body well and their cultural background and by nature they know from their native country, but also from the Koran, what is good for them and what they can do to prevent disease. They distinguish between chronic disease and acute disease. When there is chronic disease, they acquiesce to it, when there is acute disease, they do not rest until an explanation has been found. Being ill has a purpose for them and is not senseless; it is a test from Allah. That does not alter the fact that the trying-out of different therapies, as well as the distraction and hope for the best, play a positive part in their disease perception.

**Conclusion:** The conclusion can be made that they feel the final responsibility for their disease and go through an inner process of making a conscious choice between what is good and what is not good for them. Qualitative research about inner processes is necessary in relation to the search for the highest possible quality of life to determine if these processes are culture related? More qualitative research is necessary about disease perception of older generations within different cultures including the Dutch.

**Keywords**

qualitative research, disease perception, COPD, Moroccan immigrants